TSS 15A (09/12/05)



SALARY REIMBURSEMENT(S) REPORTING FORM

Purpose: Use this form to monitor reimbursement payments made to grant recipients.

Instructions: Complete and submit this form with the TSS 15 (Expenditure and Reimbursement Voucher) and retain a copy for

your records for a minimum of three years.

DATE (mm/dd/yyyy)		JURISDIC	CTION		
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PROJECT TITLE		PROJECT NUMBER			
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REPORT FILED BY	EMAIL		TITLE	TELEPHONE NUMBER	
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DATE WORKED	NAME	SOCIAL SECURITY/EMPLOYEE ID NUMBER	HOURS WORKED	PAY RATE	TOTAL PAY	CHECK OR DIRECT DEPOSIT NUMBER